

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584880

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2			/		
4	2			/		
5	8			/		
6	8			/		
7	8			/		
8	8					
9	8			/		
10	8			/		
11	8			/		
12	8			/		
13	8			/		
14	8			/		
15	8			/		
16	8			/		
17	8			/		
18	8					
19	8					
20	8			/		
21	8			/		
22	8			/		
23	8			/		
24	8			/		
25	8			/		
26	8			/		
27	8			/		
28	8			/		
29	/		/			
30		/		/		
31	2			/		
32	8			/		
33	8			/		
34	8			/		
35	8			/		
36	8			/		
37	8			/		
38	8			/		
39	/		/			
40		/		/		
41	2			/		
42	8			/		
43	8			/		
44	8			/		
45	8			/		
46	8					
47	8			/		
48	8			/		
49	8			/		
50	8			/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		8				
52		8				
53		8				
54		8				
55		8				
56		8				
57		8				
58	1					
59		1				
60	1					
61		1				
62	1					
63	1					
64	1					
65	1					
66	8					
67	8					
68						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						